September 8, 2010

The Honorable Marlene H. Dortch
Office of the Secretary
Federal Communications Commission
445 12th Street, S., Room TW-A325
Washington, DC 20554

Electronic Submission: http://regulations.gov
RE: Rural Health Care Universal Service Support Mechanism (47 CFR Part 54; Docket No. 02-60)

The National Association for Home Care & Hospice (NAHC) and its affiliated Home Care Technology Association of America (HCTAA) which represents the interest of home health care and hospice providers and their health information technology vendor partners is pleased to submit comments on the proposed rule for the Rural Health Care Universal Service Support Mechanism (47 CFR Part 54) by the Federal Communications Commission. This rule defines the "eligible health care providers" that would benefit from a broadband infrastructure program (the "health infrastructure program) and establish a broadband services access program for non-profit health care providers in rural areas of the country where broadband is unavailable or insufficient.

Home health care, including hospice, is a significant component of the health care delivery system. There are 33,000 home care providers delivering care to approximately 12 million Americans each year because of acute illness, long-term health conditions, permanent disability, or terminal illness. In 2009, annual expenditures for home health care were projected to be $72.2 billion. In most cases, the delivery of quality home care services is very dependant upon the collaboration and sharing of health information amongst various health care providers across the spectrum of care. These providers include physician practices, acute-care hospitals, skilled facilities, rehab facilities, rural trauma centers, case managers and other related healthcare personnel. Therefore, we believe it is crucial that the National Broadband Plan consider the importance of including home health care and hospice providers in their plan to extend broadband infrastructures and universal service support to health care providers.

47 CFR Part 54, Sections of Relevance:
1. *I. Introduction (3)* - Eligible Health Care Providers
2. *C. Letters of Agency, 21.* - Consortium Applications
3. *V. Procedural Matters, 2. Legal Basis, a. Rural Health Care Providers* – Small Business Categories

1. *I. Introduction (3)* - Eligible Health Care Providers

Non-profit rural home health care providers should be included in the definition of eligible health care provider.

The Commission's interpretation of "eligible health care provider" is limited in scope as to the selection of rural community health care providers and doesn't correlate completely with the consortium of providers that make up rural health care networks. While the definition of eligible provider is assimilated with acute care facilities that provide clinical services traditionally provided at acute-care hospitals (such as skilled nursing facilities and renal dialysis centers and facilities) the definition does not take into account the necessary function that home health care providers provide to patients in rural health care networks. Patients that are discharged from or admitted to acute-care hospitals or rural trauma centers are also cared for in rural communities by home health care providers. Therefore, it is important for all rural health care providers to be able to share clinical data and coordinate care amongst institutional and non-institutional care settings.

For reasons attributed to the high cost of health care, the advancement of medical technology and the advancement of clinical procedures, patients that are discharged from acute-care hospitals and rural trauma centers are entering the care of home health care providers with conditions of high acuity for specialized care. Primary care providers are also admitting patients directly to home health care in substitute of institutional care in order to better manage chronic disease and reduce unnecessary hospitalizations or more costly institutional care. Also, non-profit home health care agencies and clinical nurse professionals serve as a necessary links amongst multiple layers of rural trauma centers and function as partners of rural trauma care networks. Lastly, in many rural areas of the country the only health care providers that are available to provide medical care are home health care nurses.

Home health care providers are early adopters of health information technology and employ the use of e-practice management systems, electronic health records, point of care systems, remote monitoring systems and telehealth and would benefit greatly from increased broadband capacity and universal service support. Home health care agencies are functioning as administrative offices and also data centers that are responsible for electronically reporting clinical, financial, and quality data to the Center for Medicare and Medicaid Services through OASIS-C and the C.A.R.E. Tool. Home health agencies also function as repositories for clinical information collected from remote monitoring devices that are employed into rural communities to collect vital clinical data on home bound patients that is shared with primary care doctors and chronic disease specialists. Lastly, home health agencies also employ the use of telehealth devices to connect with patients in rural areas with primary care doctors and skilled nursing professionals in acute-care hospitals, rural trauma centers and physician offices. All of the above examples require broadband connectivity.

Therefore, because home health care providers establish vital links to patients in rural communities and also serve as a reliable partners within rural health networks we encourage the commission to grant eligible provider status to non-profit home health care providers as a means of encouraging a robust and equitable investment in rural health care networks by the National Broadband Plan.

2. *C. Letters of Agency, 21.* - Consortium Applications

Non-profit rural home health care providers should be included as eligible health care providers within the consortium application process.

While non-profit rural home health care providers may benefit from being included as part of a consortium of providers we are seeking discounts, funding and other program benefits that would be passed on to home health care providers as designated eligible health care providers. We are concerned that although the Commission allows for the flexibility of eligible health care providers to partner with other entities that are not eligible health care providers to form consortiums that this is not enough of an incentive to benefit of home health care providers to participate in the program. Also, creating an imbalance between institutional care and non institutional care settings will not serve the goals of the consortiums networks to function as partnerships amongst a diverse complement of community health care providers.

We agree with the Commission's expansion of the Pilot Program that allowed State organizations, public entities and non-profits to act as administrative agents for eligible health care providers within a consortium and hope that the intent of the expansion is to encourage the participation of non-profit health care providers including home health care agencies to participate in consortium agreements with other health care providers.

3. *V. Procedural Matters, 2. Legal Basis, a. Rural Health Care Providers* – Small Business Categories

Non-profit rural home health care providers would benefit by targeting small business categories of health care providers that are in the greatest need of universal service support.

We encourage the Commission to target health care providers that can benefit from universal service support and particularly direct incentives to health care providers that fall within the small business category that is described as "providers with $13.5 million or less in annual receipts" – that includes non-profit home health care providers. If we understand that the Commission's intent is to leverage the greatest return on the investment in rural health care networks then we advocate that specific categories of small businesses would benefit from universal service support. We also advocate that it is appropriate to target incentives to the appropriate non-profit provider categories of small businesses that are in the greatest need of incentives from the broadband infrastructure program.

We appreciate that the Commission has taken on the important work of expanding the use of broadband to improve the quality and delivery of health care through its rural health care program. We hope that the Commission is amenable to including home health care and hospice providers in this and future programs to expand the use of broadband by health care providers through the National Broadband Plan.

Sincerely,

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